

# ADMINISTRATIVE

1. The following guideline is to be used by EMS responders in the apparent death of a patient. Determining death in the field without initiating resuscitative efforts may be considered under any of the following conditions where no respiration or pulse is evident:
  - Signs of trauma conclusively incompatible with life
  - Incineration
  - Physical decomposition of body
  - Rigor Mortis in a warm environment
  - Venous blood pooling in dependent body parts (dependent lividity)
  - DNR status is confirmed
  - A pulseless, non-breathing patient in a mass casualty incident where resources are required to treat living patients
2. On-line medical control must be contacted and must confirm the withholding of resuscitative measures.
3. Documentation:
  - Document all patient care provided with procedure and times
  - Document all conversation with on-line medical control with physician name, times and instructions
4. Precautions:
  - Most victims of electrocution, lightning, hypothermia and drowning should have resuscitative efforts begun and be transported to the hospital
  - Consider the needs of survivors when discontinuing resuscitative efforts
  - Do not allow attempted suicide to prejudice decision to resuscitate. Despite the seriousness of the event, psychiatric patients may, after therapy, resume the desire to live. It is inappropriate to agree with the patient that death would be preferable, and therefore fail to act
5. If apparent death is confirmed:
  - Law enforcement and or county coroner shall be contacted, per local protocol
  - Remain on scene until arrival of law enforcement or coroner
  - Provide psychological support for grieving survivors
  - Document reason no resuscitation was initiated
6. Special Considerations:
  - In early grief, it is easy to misinterpret even well meaning expressions of concern, be careful as to what you say
  - Resuscitation efforts may encourage misguided optimism. Provide appropriate psychological support to grieving survivors if resuscitation efforts are called off by on-line medical control
  - EMS personnel need to be able to express their own grief and understand that every life cannot be saved. A critical incident stress management debriefing may be requested through the Idaho State Communications Center

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the patient's clinical presentation and on authorized policies and guidelines.